10/52923**2** JC06 Rec'd PCT/PTO 25 MAR 200**3**

Application Data Sheet

Appl.?::

Application Information Application Type:: Regular Subject Matter:: Utility Suggested Classification:: Suggested Group Art Unit:: CD-ROM or CD-R?:: None Number of CD disks:: Number of Copies of CDs:: Sequence Submission?:: None Computer Readable Form (CRF):: No Number of copies of CRF:: 0 Title:: INTRAOCULAR DEVICE FOR THE RESTORATION OF ACCOMMODATION OF THE EYES AFFECTED BY PRESBYOPIA Attorney Docket Number:: 0510-1111 Request for Early No Publication?:: Request for Non-Publication?:: No Suggested Drawing Figure:: Total Drawing Sheets:: 6 Small Entity?:: Yes Latin Name:: Variety Denomination Name:: Petition Included?:: No Petition Type:: Licensed US Gov't Agency:: Contract or Grant Numbers:: Secrecy Order in Parent No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: ; ALAIN-NICOLAS

Middle Name::

Family Name:: GILG

Name Suffix::

City of Residence:: LYON

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 16 RUE VICTOR HUGO

Address::

City of Mailing Address:: LYON

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 69002

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/FR2003/002812	9/24/03

Foreign Priority Information

Country::	Application	Filing Date::	Priority	
	Number::		Claimed::	
FRANCE	02/11870	9/25/02	Yes	
				<u> </u>

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::